

# Registration Part 1 - Program Selection

City of Raleigh Resident? ☐ Yes ☐ No

My Child Attends: (select one)

☐ Traditional School Calendar School

☐ Year Round Calendar School - **Track #** \_\_\_\_\_

☐ Modified Calendar School

☐ Home School

Select the following programs and indicate a location selected (check all programs that apply)

☐ After School X-Press

Program Location \_\_\_\_\_

☐ Before School X-Press

Program Location \_\_\_\_\_

☐ Track Out X-Press

Program Location \_\_\_\_\_

☐ My child will attend Track Out for all 4 four breaks

☐ My child will attend Track Out for selected weeks (Select weeks to the right)

## Y.E.S. and Specialty Programs

☐ Traditional Y.E.S. Day Program

Location \_\_\_\_\_

\_\_\_\_\_ Days x \$20 a day = \$ \_\_\_\_\_

Dates: \_\_\_\_\_

☐ Year Round Y.E.S. Day Program

Location \_\_\_\_\_

\_\_\_\_\_ Days x \$25 a day = \$ \_\_\_\_\_

Dates: \_\_\_\_\_

☐ Teen Program or Specialty Camp

Location \_\_\_\_\_

\_\_\_\_\_ Date(s) Cost = \$ \_\_\_\_\_

Dates: \_\_\_\_\_

☐ Teen Program or Specialty Camp:

Location \_\_\_\_\_

\_\_\_\_\_ Date(s) Cost = \$ \_\_\_\_\_

Dates: \_\_\_\_\_

☐ Teen Program or Specialty Camp:

Location \_\_\_\_\_

\_\_\_\_\_ Date(s) Cost = \$ \_\_\_\_\_

Dates: \_\_\_\_\_

Add \$10 per day/session if non resident \$ \_\_\_\_\_

**TOTAL COST** \$ \_\_\_\_\_

*Proceed to Part 2 next page.*

## Track Out Weekly Registration

Select all weeks that you wish for your child to attend the Track Out Program on a weekly basis. Weekly Track Out X-Press registration will begin April 14, 2008. All track out weeks must be paid in full after March 1, 2009.

### Track 1

#### BREAK 1

☐ 9/8-9/12/2008 \$140

☐ 9/15-9/19/2008 \$140

☐ 9/22-9/26/2008 \$140

#### BREAK 2

☐ 12/8-12/12/2008 \$140

☐ 12/15-12/19/2008 \$140

#### BREAK 3

☐ 3/9-3/13/2009 \$140

☐ 3/16-3/20/2009 \$140

☐ 3/23-3/27/2009 \$140

#### BREAK 4

☐ 6/3-6/5/2009 \$84

☐ 6/8-6/12/2009 \$140

☐ 6/15-6/19/2009 \$140

☐ 6/22-6/26/2009 \$140

☐ 6/29-6/30/2009 \$56

Subtotal of Track 1 \$ \_\_\_\_\_

Non Resident Fee

\$10 x # of weeks \$ \_\_\_\_\_

**TOTAL TRACK 1** \$ \_\_\_\_\_

### Track 2

#### BREAK 1

☐ 8/18-8/22/2008 \$140

☐ 8/25-8/29/2008 \$140

☐ 9/2-9/5/2008 \$112

#### BREAK 2

☐ 11/10-11/14/2008 \$112

(no 11/11)

☐ 11/17-11/21/2008 \$140

☐ 11/24-11/25/2008 \$56

☐ 12/1-12/5/2008 \$140

#### BREAK 3

☐ 2/16-2/20/2009 \$140

☐ 2/23-2/27/2009 \$140

☐ 3/2-3/6/2009 \$140

#### BREAK 4

☐ 5/13-5/15/2009 \$84

☐ 5/18-5/22/2009 \$140

☐ 5/25-5/29/2009 \$140

☐ 6/1-6/2/2009 \$56

Subtotal of Track 2 \$ \_\_\_\_\_

Non Resident Fee

\$10 x # of weeks \$ \_\_\_\_\_

**TOTAL TRACK 2** \$ \_\_\_\_\_

### Track 3

#### BREAK 1

☐ 7/28-8/1/2008 \$140

☐ 8/4-8/8/2008 \$140

☐ 8/11-8/15/2008 \$140

#### BREAK 2

☐ 10/20-10/24/2008 \$140

☐ 10/27-10/31/2008 \$140

☐ 11/3-11/7/2008 \$140

#### BREAK 3

☐ 1/28-1/30/2009 \$84

☐ 2/2-2/6/2009 \$140

☐ 2/9-2/13/2009 \$140

#### BREAK 4

☐ 4/20-4/24/2009 \$140

☐ 4/27-5/1/2009 \$140

☐ 5/4-5/8/2009 \$140

☐ 5/11-5/12/2009 \$56

Subtotal of Track 3 \$ \_\_\_\_\_

Non Resident Fee

\$10 x # of weeks \$ \_\_\_\_\_

**TOTAL TRACK 3** \$ \_\_\_\_\_

### Track 4

#### BREAK 1

☐ 7/7-7/11/2008 \$140

☐ 7/14-7/18/2008 \$140

☐ 7/21-7/25/2008 \$140

#### BREAK 2

☐ 9/29-10/3/2008 \$140

☐ 10/6-10/10/2008 \$140

☐ 10/13-10/17/2008 \$140

#### BREAK 3

☐ 1/5-1/9/2009 \$140

☐ 1/12-1/16/2009 \$140

☐ 1/20-1/23/2009 \$112

☐ 1/26-1/27/2009 \$56

#### BREAK 4

☐ 3/30-4/3/2009 \$140

☐ 4/6-4/9/2009 \$112

☐ 4/13-4/17/2009 \$140

Subtotal of Track 4 \$ \_\_\_\_\_

Non Resident Fee

\$10 x # of weeks \$ \_\_\_\_\_

**TOTAL TRACK 4** \$ \_\_\_\_\_

## OFFICE USE ONLY:

Deposit \$ \_\_\_\_\_ Site \_\_\_\_\_

Receipt # \_\_\_\_\_ Staff Name \_\_\_\_\_

# Registration Part 2 - Participant Information

Last Name		First Name		Preferred Name	
Address					
City/State/Zip				Home Phone	
Is this a new address? <input type="radio"/> Yes <input type="radio"/> No		Date of Birth	Age	Grade	Gender
School					

**Parent/Guardian Information** (please indicate person who is the main contact)

<input type="radio"/> Mother/Guardian		Last Name		First Name:	
Home #	Work#	ext.	Mobile #	Pager/Other#	
Address					
City/State/Zip				Email address:	
Employer					
<input type="radio"/> Father/Guardian		Last Name		First Name:	
Home #:	Work#	ext.	Mobile #	Pager/Other#	
Address					
City/State/Zip				Email address:	
Employer					

**Emergency Contact (Other Than Parent/Guardian)**

Name		Relationship to child			
Home #	Work#	ext.	Mobile #	Pager/Other#	

**Release Authorization**

Please list additional names other than the parent/guardian's listed above, 16 years or older, that are allowed to pick up your child(ren). They will be required to show a picture ID. Please print all names.

1.	Name	Relationship to child			
	Home #	Work#	ext.	Mobile #	Pager/Other#
2.	Name	Relationship to child			
	Home #	Work#	ext.	Mobile #	Pager/Other#
3.	Name	Relationship to child			
	Home #	Work#	ext.	Mobile #	Pager/Other#
4.	Name	Relationship to child			
	Home #	Work#	ext.	Mobile #	Pager/Other#

**Health Information**

The Raleigh Parks and Recreation Department welcomes the participation of all individuals in our programs, including those with disabilities. We are fully committed to complying with the ADA and providing reasonable accommodations to facilitate participation in our programs. The sooner we know about your special situation, the more time we have to make reasonable accommodations to improve a participant's recreation experience with us. To aid staff in making accommodations, registration should be received two weeks prior to the start of a program.

Special Medical Circumstances: (i.e. cancer, physical disabilities, blindness, deafness, or diabetes.) The City of Raleigh recommends that parents or guardians consult their participant's pediatrician or health care professionals to assess their participant's fitness to take part in our programs. It is required that parents or guardians provide in writing any additional instructions for their participant. The written instruction should be developed with the assistance of their participant's pediatrician or health care professional. This information should include the specific medical circumstance and requirement needs for the participant. Please provide this information in the section below. **Please answer yes or no to all items. Please see space below to provide additional details on boxes checked Yes.**

<input type="radio"/> yes <input type="radio"/> no Immunizations up to date	<input type="radio"/> yes <input type="radio"/> no Down Syndrome	<input type="radio"/> yes <input type="radio"/> no Major Surgery or Illness
<input type="radio"/> yes <input type="radio"/> no ADHD/ADD	Have X-rays been done? <input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no Eyeglasses/Contacts
<input type="radio"/> yes <input type="radio"/> no Emotional/Behavior Problems (detail below)	<input type="radio"/> yes <input type="radio"/> no Atlanto Axial Instability?	<input type="radio"/> yes <input type="radio"/> no Fainting
<input type="radio"/> yes <input type="radio"/> no Impaired Motor Activity (detail below)	<input type="radio"/> yes <input type="radio"/> no Concussion or Head Injury	<input type="radio"/> yes <input type="radio"/> no Back or Joint Problems
<input type="radio"/> yes <input type="radio"/> no Heart Disease/Defect (detail below)	<input type="radio"/> yes <input type="radio"/> no Asthma detail below)	<input type="radio"/> yes <input type="radio"/> no Motion Sickness
<input type="radio"/> yes <input type="radio"/> no Seizures/Epilepsy (detail below)	<input type="radio"/> yes <input type="radio"/> no Hearing Loss/Hearing Aids	<input type="radio"/> yes <input type="radio"/> no Vision Loss/Blindness
<input type="radio"/> yes <input type="radio"/> no Diabetes (detail below)	<input type="radio"/> yes <input type="radio"/> no Sprains, Fractures, Dislocations	
<input type="radio"/> yes <input type="radio"/> no Other (detail below)		
<input type="radio"/> yes <input type="radio"/> no Autism (detail below)		

Please give detailed information on the next page for anything checked yes above or any other special medical circumstances instructions including activity restrictions (use additional pages if necessary).

**Allergies/Medication Information**

Allergies: Please make our staff aware of any allergies your participant may have. If your participant has severe allergies, please make sure our staff has written instructions on what to do if your participant has a severe allergic reaction. This information should include the specific allergy and medical requirement needs for the participant. If needed in the program, a separate lunch table/area will be provided for campers who have been identified as having a nut allergy. The City of Raleigh cannot guarantee an environment that is free of nuts and/or peanut oil. It is important that participants with a risk of anaphylaxis or an anaphylactic reaction to any substance (food, insect bites, or drugs) be identified. They must carry with them at all times the appropriate EpiPen kit and a letter of Permission from a parent or guardian to allow for the injection to be given by City of Raleigh staff immediately in case of an emergency.

**Allergy Type(s)**

**Instructions if participant has Allergic Reaction:**

Daily Medications: (An additional medication form will have to be completed to administer prescription medication during program hours. Please check with program staff.) Please note medication name, what it is used for, date prescribed and number of times/day.  
Special Note on Medications: If your participant carries an "EPI" pen or inhaler, Raleigh Parks and Recreation will require that two are available during the program

Would you like to make a donation to support a Child’s participation in Raleigh Parks and Recreation Programs ☐ YES ☐ NO  
If yes, amount \$\_\_\_\_\_

Would you like to purchase Accidental Medical Insurance for your child? ☐ YES ☐ NO  
If yes, please include \$8.50 with your deposit or full payment

I understand that the City of Raleigh provides no insurance coverage for the participants. By signing below I agree that I have read, understand, and agree to the City of Raleigh Parks and Recreation Youth Program Policies. By signing below I understand I am waiving my legal rights. Also by signing below, I am acknowledging that my participant is physically capable of participating in camp activities and the information that I have provided on the Participant Information Form is correct. Signature is required to complete the registration process.

Participant Name

Parent/Guardian Signature

Date

# Registration Part 3 - Payment Options

Main Contact Name

You may pay in full (Option A) or you may elect to pay a \$25 deposit per participant and receive a monthly payment plan (Option B). YOU MUST provide MasterCard or Visa credit card information in order to choose a payment plan option.

I choose the following payment option:

## OPTION A - To pay in full with:

☐ Check or Money Order attached (payable to City of Raleigh) ☐ MasterCard ☐ Visa

Name of Card Holder

Billing Address

City/Zip

Card Number

Expiration Date

Amount Authorized

Signature

## OPTION B - To pay a \$25 deposit per participant and receive a payment plan. YOU MUST complete both sections, DEPOSIT payment information and PAYMENT PLAN AUTHORIZATION, below:

DEPOSIT paid by:

☐ Check or Money Order attached (payable to City of Raleigh) ☐ MasterCard ☐ Visa

Name of Card Holder

Billing Address

City/Zip

Card Number

Expiration Date

Amount Authorized

Signature

## PAYMENT PLAN AUTHORIZATION

Payment plans will be calculated based on the date of registration. For example, a registration completed by June 15 will have a payment plan beginning July 1 through May 1, for 11 monthly payments. A registration completed on July 15th will have a payment schedule beginning August 1 through May 1, for 10 monthly payments.

Payment plans will be mailed to the main contact person and card holder at least 15 days in advance of your first payment.

I hereby authorize City of Raleigh to process my monthly payment against my MasterCard or Visa. I certify, by signing below, that the information provided is true and correct.

☐ MasterCard ☐ Visa

Name of Card Holder

Billing Address

City/Zip

Card Number

Expiration Date

Amount Authorized

Signature

If we are unable to process your payment we will contact you. Resolution on declined payments must be completed within 3 business days to avoid restrictions on your account and/or to continue participation in our programs.

Payment plan questions, including alternative payment options for payment plans, can be directed to Kathy Cox, 919-890-3679, [kathy.cox@ci.raleigh.nc.us](mailto:kathy.cox@ci.raleigh.nc.us).

Please refer to our School Program Policies, page 11 for more payment, refund and withdrawal information.